



ALASKA JOB CORPS APPLICATION

PART 1 OF 2

Please read over the following information and follow any instructions that are given. This will allow us to process your application as quickly as possible.

- In order to apply you must be in Alaska, have no outstanding court issues (no upcoming court appearances, fines, community work service, etc.), meet income guidelines and be 16-24 years of age.
- Please answer all of the questions in blue or black ink.
- **These forms MUST be filled out by the person who is applying.** If you are under 18, have your parent or guardian sign and date where indicated.
- Please mail or bring your entire, **original** & completed application to the Admissions office in Anchorage or the Alaska Job Corps Center in Palmer.
- Once we receive your application, you will be contacted by mail or e-mail. If you do not hear from us within one month, please call us to make sure we received your application.
- Part 2 will only be sent after Part 1 has been approved.
- If you do not understand any part of the application or if you have questions, call the Admissions office at 1-800-478-0531 and ask for help.

Please attach the following items:

/	Please include the following documents so the we can PROCESS your application. If you have any questions, please call the Admissions office.
	A copy of your Social Security Card . (If you don't have one, you must obtain one in order for us to fully process your application. You may send us your application now and then the copy of your social security card as soon as you get it.)
	A copy of one of the following: your Birth Certificate <u>or</u> Driver's License <u>or</u> State Picture ID <u>or</u> Current Passport . (If you don't have an Alaska driver's license or state picture ID, you should obtain one.)
	A copy of your Diploma <u>and/or</u> Official High School Transcripts <u>and/or</u> GED Scores . If you do not have these now, please give us a copy if you do get them.
	A copy of your Tribal ID if you have one.
	A copy of your Marriage License if you are married.
	A Letter of Recommendation from a non-family member. (Optional)

Alaska Job Corps
Admissions Office
4300 B Street, Suite 100
Anchorage, AK 99503
Phone: (907) 562-6200 or 1-800-478-0531

JOB CORPS PRIVACY ACT STATEMENT

This statement describes the collection and use of information for Job Corps applicants and students by the Department of Labor for the Job Corps program.

The Privacy Act of 1974, as amended, requires all Federal agencies, including the Job Corps and its agents, to give the following facts to each person from whom it requires information:

- C The statutory authority for the request,
- C Why the information is needed,
- C Whether it is voluntary or mandatory to give the information,
- C The effects of not providing information,
- C The uses which may be made of the information,
- C Whether disclosure of the Social Security Number (SSN) is mandatory or voluntary, by what statute or other authority the number is solicited, and what uses will be made of it.

These items are more fully explained in the following sections. If you have any questions about your rights and responsibilities under the Privacy Act, you should ask for assistance from the person assigned to you in Job Corps as a counselor or advisor.

I. The Department of Labor's Authorizations to Collect Information

Job Corps is a part of the U. S. Department of Labor. The Department's authority to collect information from Job Corps applicants and the Job Corps students is found in the Job Training Partnership Act. The Department's authority to solicit the SSN is found in the Act.

II. Why the Information is Needed

Job Corps needs information about age, citizenship, school, and draft status, health, employability, behavior, family income, environment, and other matters related to your suitability, assignment, and progress in Job Corps. The information may be used to:

- C Determine whether your educational and vocational needs can best be met through Job Corps or another program in your home community.
- C Lay the basis for determining your progress in Job Corps programs and activities.
- C Determine your medical eligibility to enter Job Corps or health needs (medical, dental and/or mental health) while a student and also to establish and maintain a record of your health care during the period of enrollment in Job Corps for legal and administrative reasons; e.g., future health care, indication of quality of health care, and for Federal Employee Compensation Act Claims.
- C Maintain a record of cash, clothing and other benefits received by the individual.

III. Obligatory and Voluntary Information and Possible Consequences of Withholding Information or Providing False Information

While there are no penalties under the law for refusing to supply information, the Act requires collection and maintenance of a wide range of personal information about you, including your Social Security Number, to satisfy enrollment requirements. Not supplying the requested information could delay or prevent you from enrolling and participating in Job Corps.

The provision of false information by you could lead to expulsion from the program or prosecution under the U. S. Criminal Code when such information is used to support a fraudulent claim to benefits.

IV. How the Information is Used

Your SSN will be used as your Job Corps student identification number. As such, it will be used on all Job Corps forms which require such an identification. In carrying out its responsibility under the Act to administer the Job Corps program, the Department of Labor must sometimes disclose data from its records about you to another agency or individual without your specific written consent. Such disclosures are made for the following reasons:

- C To enable a third party or other agencies to assist the department in determining your eligibility for Job Corps enrollment.
- C To comply with applicable laws, including the Freedom of Information Act and the Job Training Partnership Act which require or authorize the release of some information from the Job Corps records to Federal agencies or state or local governments.
- C To facilitate statistical research audit and evaluation activities necessary to ensure the success, integrity and improvement of Job Corps and other employment and training programs.
- C To provide information about you in order to aid you in obtaining necessary medical, mental health and dental care while a student, as well as employment, entrance into other training or educational programs or credit for education, vocational training or work experience while in Job Corps.
- C To provide the Selective Service System with the information which will allow them to register you automatically for Selective Service when you become 18, if you are a male and are not already registered.
- C To provide other Federal agencies with information about Job Corps and your participation in the Job Corps program for the purposes authorized by law.

Job Corps has given you a copy of this statement, in accordance with the Privacy Act of 1974, as amended, which explains the uses that will be made of information that I or others might supply Job Corps about you.

[illegible]

EMERGENCY CONTACTS

(It is REQUIRED that you have all five completely filled out with different addresses.)

Name:	Address: City: State: Zip:	Phone: () Work: () Cell: ()	Relationship to Applicant:
Name:	Address: City: State: Zip:	Phone: () Work: () Cell: ()	Relationship to Applicant:
Name:	Address: City: State: Zip:	Phone: () Work: () Cell: ()	Relationship to Applicant:
Name:	Address: City: State: Zip:	Phone: () Work: () Cell: ()	Relationship to Applicant:
Name:	Address: City: State: Zip:	Phone: () Work: () Cell: ()	Relationship to Applicant:

ADDRESS HISTORY

It is REQUIRED that you list **ALL** addresses and cities where you have lived in the last **THREE** years. List the month and year only for dates. If you cannot remember your street address, then list the city and state only. You may use additional sheets of paper if needed.

1. LIST CURRENT ADDRESS	Address: City: State: Zip:	Dates lived here: FROM _____ TO PRESENT
2. List address	Address: City: State: Zip:	Dates lived here: FROM _____ TO _____
3. List address	Address: City: State: Zip:	Dates lived here: FROM _____ TO _____

Are you covered by Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurance Company:	Insurance State:
Insurance Policy #:	Policy Start Date:	Policy End Date:

APPLICANT'S SIGNATURE:

Date:

COMMITMENT STATEMENT AND CONSENT RECORD

SSN:

Name:

APPLICANT COMMITMENT STATEMENT

I understand that entrance into Job Corps is a privilege, and that only those individuals who qualify and show commitment will be accepted. The Job Corps program is a scholarship to attend a training program to enhance basic work skills that lead to quality employment with advancement opportunities.

BENEFITS:

Job Corps provides a safe, drug-free living environment where I can attain:

Academic Education: Academic skills that I need to succeed in the work place. (GED, High School Diploma, Technical Training, College Preparation)

Vocational Training: Occupational skills that I will need to succeed in today's competitive job market.

Social Skills: Life skills that I will need to get along well in the work place and in everyday life.

Placement: Job search skills and assistance in finding a job when I complete my training.

Applicant's Initials

EXPECTATIONS:

1. I understand that violence, drug or alcohol use and sexual harassment are not tolerated at Job Corps.
2. I understand that I must be drug-free upon entry and that I will remain drug-free while enrolled. I also understand that I will be tested for drugs upon arriving at Center.
3. I understand that I will be living in a multi-cultural environment and sharing a dormitory room with other students.
4. I understand that I will be responsible for cleaning my living area and sharing responsibility with other students to maintain a safe environment.
5. I understand that if I have problems on Center I will contact my Center Counselor or Admissions Counselor to work out the problems.
6. I understand that I will be given an orientation to the Center rules and regulations, and that I must abide by these policies to remain in the program.
7. I understand that in order to obtain the benefits that Job Corps has to offer, I must attend classes and complete the program.
8. I understand that I will be on a 30-day probationary period and failure to successfully perform during that period may result in my termination from Job Corps.

I certify that my Admissions Counselor has discussed the benefits and expectations of the Job Corps program with me. If I am accepted to Job Corps, I agree that I will accept these conditions and commit to fully participate in the program.

Applicant's Initials

JOB CORPS CONSENT RECORD

The admissions counselor is to read each item on his consent form to the applicant and parent/guardian, if applicable, to ensure that they understand it, and have the applicant and parent/guardian, if applicable, sign the form.

I(we), the undersigned, certify that all information on the application forms is accurate.

I(we) consent to the enrollment of the above-named individual into Job Corps.

I(we) further understand that any false statement or dishonest answers will be grounds for dismissal of the above-named individual and may be punishable by law.

I understand that, if I am required to be registered with the Selective Services System, I am authorizing Selective Services to register me at the age of 18. I further understand that if I am already registered, the automatic registration process will not register me again.

I(we) authorize all routine and customary physical examinations, dental work, surgical and other treatment as required by the Job Corps regulations, as well as the collection of information such as education and medical records.

I(we) authorize release of medical information to Job Corps Staff with a need for that information and to the local and/or state health department when required by the law.

I(we) understand that failure to stay in Job Corps for more than 210 paid days may mean the loss of the readjustment allowance.

I(we) have been provided with a personal copy of Job Corps Privacy Act statement. I (we) have read the statement and understand its contents.

I(we) have been provided information about Job Corps, life on a Job Corps Center, vocational offerings and the job outlook information, and I have been told what Job Corps expects of me as a student. All of my (our) questions have been answered.

I(we) understand that I(we) am responsible for keeping the Job Corps Center in which my son/daughter is enrolled informed of any address changes.

I(we) authorize Job Corps to gather information about my employment after participating in Job Corps training.

I (we) certify that I (we) fully understand the contents of the above-mentioned certifications and agree to comply with them.

Applicant's Signature

Date

Parent/Guardian's Signature (if applicant is under 18)

Date

ZERO TOLERANCE AND DRUG-FREE CERTIFICATION

SSN:

Name:

JOB CORPS ZERO TOLERANCE FOR VIOLENCE CERTIFICATION

Every student has the right to participate in the Job Corps program without being subjected to violence or drug abuse.

I have been informed about Job Corps' Zero Tolerance for Violence policy and agree that while I am enrolled in the Job Corps program I will abide by it. I understand that if I commit one or more of the following offenses I will be immediately removed from the program and will lose the chance to be present for a Center Review Board. However, I will be able to make a written statement on my behalf, and will be given the opportunity to appeal the decision of the board.

The offenses that require automatic removal from the program are:

1. Possession of a gun or an illegal weapon on Center or while under Center supervision.
2. Assault with the intent to do bodily harm, with or without the use of a weapon.
3. Sexual assault, with or without bodily harm.
4. Threat of assault with intent to intimidate or coerce any student or staff.
5. Robbery and extortion.
6. Arson.
7. Arrest for a felony on or off Center.
8. Possession or sale of drugs on Center or while under Center supervision.
9. Conviction of drug use, possession or sale off Center (felony or misdemeanor).

I also understand that there are other offenses that may result in disciplinary action which may include termination from the program. I also understand that my refusal to sign the Zero Tolerance for Violence certificate will prevent my future or continued enrollment in Job Corps.

Applicant's Initials

DRUG-FREE CERTIFICATION

I acknowledge that Job Corps is a drug-free environment and I declare that I am drug free. Further, I have been made aware that I will be tested for drugs upon arrival on Center and may be tested at other times during my stay. If I fail to successfully complete the 30-day probationary period because of a positive drug test, I will be immediately terminated from the program. In addition, I understand that alcohol, either in my possession or in my body, is strictly prohibited on Center.

I understand that if at any point of the 30-day probationary period I test positive for drugs, I will be terminated immediately from the program.

Applicant's Initials

I(we) certify that I(we) fully understand the contents of the above-mentioned certifications and agree to comply with them.

Applicant's Signature

Date

Parent/Guardian's Signature (if applicant is under 18)

Date

CONSENT FOR RELEASE OF RECORDS/INFORMATION

SSN:	Applicant's Name:	Birth Date: - -
	ATAP /Public Assistance Case #:	

Please initial all eight (8) boxes:

☐

Court

☐

Schools

☐

Hospital

☐

Public Assistance

☐

Mental Health Institution

☐

Military

☐

Counseling Services

☐

Employer

☐

Division of Vocational Rehabilitation

I authorize the above agencies to release all records to Job Corps for the purpose of determining eligibility in the Job Corps program and/or verification of present or past employment.

Applicant's Signature

Date

Parent/Guardian's Signature (if applicant is under 18)

Date

Admissions Counselor's Signature

Date

Confidentiality and Revocation Statement

I understand that my records are protected under Federal regulations governing confidentiality of alcohol and drug abuse patient records (42 CDR, Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: **one year** after date of the applicant's signature.

**Alaska Job Corps
4300 B Street, Suite 100
Anchorage, AK 99503
Phone: (907) 562-6200 or 1-800-478-0531**

INFORMED CONSENT

As part of the evaluation process of your application, the Center Mental Health Consultant, Center Physician, TEAP Specialist (Drug and Alcohol Counselor), or Center Director may be contacting you to obtain more information. Information exchanged during the telephone call will be used to help determine whether you will be accepted into the Job Corps program. When the person calls you, they will identify themselves and state the purpose of the call. You will also have the opportunity to ask questions. You have the right to answer only those questions you want and decline to respond to other questions. By signing this form, you are agreeing to allow one or more of the above named Job Corps staff to contact you.

I have read and understand the information above and authorize Job Corps staff to contact me.

Printed Name of Applicant

Applicant's Signature

Date

Parent/Guardian's Signature (if applicant is under 18)

Date

REASONABLE ACCOMMODATION REQUEST FORM

Any student enrolled in or applicant eligible for the Job Corps program with a disability is entitled to request reasonable accommodation. Your request will be reviewed and a decision made regarding the reasonableness of the request. If an accommodation is unduly costly, extensive, or would alter the nature or operation of the center, your request may be denied.

ALL APPLICANTS AND STUDENTS ARE REQUIRED TO COMPLETE THIS FORM.

SSN:	Name:
Address:	
City, State, Zip Code:	
Home Phone: ()	

Applicant or Student (circle one)

1. In order to fully participate in the Job Corps program, what accommodation(s) are you requesting that the program make (if known):
2. Do you receive services/benefits from a disability agency/program (e.g., vocational rehabilitation, state agency providing services for the blind or deaf, SSDI, Medicaid)? If so, please list and provide counselor's name and number.

An applicant/student with a disability who is requesting accommodation **may** be required to provide documentation from a health, education, or rehabilitation professional certifying his/her disability, functional limitations, and recommendation for accommodation (if appropriate). If you have received accommodation in the past, this documentation should also be provided.

Please provide any documentation related to your disability to this form or indicate that the necessary information can be found in the medical information collected by the Admissions Counselor.

I provide informed consent for Job Corps or anyone working on my behalf in cooperation with Job Corps to arrange for the requested information.

Applicant's Signature

Date

Parent/Guardian's Signature (if applicant is under 18)

Date

Applicants should return this form to their Admissions Counselor. Students should return this form to the Center Director's Designee for Disability Issues.

To Be Completed by Center or Region

In the space below, list the accommodation(s) that was/were granted. If any accommodation(s) was/were denied, list and state the reasons for denying the request.

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of federal financial assistance to discriminate on the following bases:

- Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and;
- Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act (WIA) of 1998, on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I - financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIA Title I – financially assisted program or activity;
- Providing opportunities in, or treating any person with regard to, such a program or activity; or,
- Making employment decisions in the administration of, or in connection with, such a program or activity.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think you have been subjected to discrimination under a WIA Title I – financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

- Alice Williams, 1-800-258-9154, williams.alice@jobcorps.org, 800 E. Lynn Martin Dr., Palmer, AK 99645, the recipient's Equal Opportunity Officer, or;
- The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue, NW, Room N-4123, Washington, DC 20210. If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the CRC (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed our complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action. Student Signature Date Please place a copy of the signed form in student's file.

Printed Name of Applicant

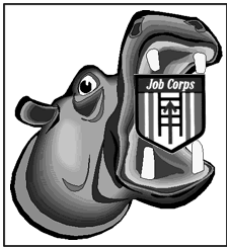
Applicant's Signature

Date

Parent/Guardian's Signature (if applicant is under 18)

Date

Please place a copy of the signed form in student's file.



HIPAA HEALTH PRIVACY RULE & JOB CORPS APPLICANTS

HIPAA, the Health Insurance Portability and Accountability Act was passed by Congress in 1996. The **portability** section of the law means that people are able to take their health insurance with them when they leave their job or move to another location. The **accountability** section of the law means that the federal government is now regulating ALL health care providers, including Job Corps health and wellness centers, for complete privacy and security of your health information. If a health provider gives out information regarding your health status without your consent, that provider can be fined or even go to prison. HIPAA is designed to protect you and information regarding your health status.

WHAT IS THE PRIVACY RULE?

The **Privacy Rule** is a law, effective April 14, 2003, that all health care providers must follow. It protects personal health information. Job Corps has always protected your personal health information, but the law states that (1) you must now be advised of how your protected health information will be used or disclosed, and (2) we must obtain your signed **Authorization** to disclose any information about your health to others.

WHAT INFORMATION CAN BE SHARED WITHOUT MY AGREEMENT?

Three types of information can be shared without your consent:

- Information that could be used to treat your medical condition
- Information that could be used to obtain payment for medical care
- Information to assist in health care operations, such as reminding you about a medical appointment

When you arrive on center, the Health and Wellness staff will talk with you about this and will give you a **Notice** to sign that goes into detail about what personal health information can be shared without your consent.

WHAT AM I SIGNING AND WHY?

You will be asked to sign an **Authorization**. Your personal health information may need to be shared with others to (1) provide for your specific health needs, and (2) carry out Job Corps program requirements. Before we can share certain types of information, you (or if you are under 18, an **Authorization** will be mailed to your parent or legal guardian) must agree by signing the **Authorization**.

WHAT INFORMATION WILL BE SHARED AND WITH WHOM WILL IT BE SHARED?

The **Authorization** gives detailed information about what information can be shared and with whom it will be shared. NOTE: This information is only shared with others as necessary or on a need-to-know basis. For example, the residential staff may need to know that you take medicine for asthma or allergies so that they can help you set up and monitor your medication schedule in the dormitory.

WHAT IF I CHANGE MY MIND ABOUT SHARING MY CONFIDENTIAL MEDICAL INFORMATION AFTER I SIGN THE AUTHORIZATION?

You or your parent/legal guardian have the right to withdraw your **Authorization** at anytime during your enrollment in the Job Corps program. However, if consent is withdrawn, the Job Corps center may decide to separate you from the program because center staff may not be able to adequately provide for your ongoing health needs. For example, if you require a special diet because of a medical condition, and do not allow staff to be informed of your special requirements, the center cannot ensure your medical safety.

WHAT CAN I DO IF I THINK THAT MY CONFIDENTIAL PROTECTED HEALTH INFORMATION WAS RELEASED WITHOUT MY CONSENT?

Each center has a **Privacy Officer** who you can contact if you believe information was released without your consent. Also, you can contact the Secretary for the U.S. Department of Health and Human Services. The address, shown below, can also be obtained from the **Privacy Officer**.

Secretary
U.S. Department of Health and Human Services
ATTN: Office for Civil Rights
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

You should read the **AUTHORIZATION** and **NOTICE** carefully and ask questions if you have any concerns about your medical information or records.

**AUTHORIZATION
FOR USE AND DISCLOSURE OF YOUR HEALTH INFORMATION
AS REQUIRED BY THE HEALTH INSURANCE PORTABILITY AND
ACCOUNTABILITY ACT OF 1996**

We, the Alaska Job Corps Health Services Department are prohibited by Federal law from using or disclosing your personal health information (except for the uses and disclosures listed in a Notice you have received or will receive), unless you authorize us to share this information with others. This Authorization lists the uses and disclosures of your health information that may be required during your participation in the Job Corps program. Your signature on this document authorizes us to use and disclose your health information in the situations described in this document.

Job Corps requires applicants to sign this Authorization as a condition of enrollment in the Job Corps program. You have the right to revoke this Authorization by notifying us in writing, except if we have relied on the Authorization. You may submit a written revocation of this Authorization to the Health Services Manager. We will provide you with health services regardless of whether you revoke this Authorization or any part of it, as long as you are a Job Corps student. However, revoking this Authorization may result in dismissal from Job Corps. If you are dismissed from Job Corps, we will no longer provide you with health services.

Please note that health information that we share with others under this Authorization may, in certain circumstances, be further disclosed and may no longer be protected by applicable health privacy standards. This Authorization will be effective from the date of your signature and will remain in effect, unless revoked, until three years after you have separated from Job Corps, in accordance with the Job Corps document retention policy.

By signing this document, you authorize us to share your personal health information with others in a number of circumstances. These circumstances are listed below. In each circumstance, we will share only the minimum amount of information needed to accomplish the purposes described. We will share information only with people who need to know this information. Nothing in this Authorization allows anyone to share your entire medical file with anyone else, unless that is the minimum amount of information necessary to accomplish the purposes described. Also, nothing in this Authorization allows anyone to share information about you if it is not lawful to share that information.

The law requires us to identify the person, or class of persons, who are authorized to use or disclose protected health information with someone else. In each circumstance in which we share information, a Health Services care provider or Health Services staff member will convey the information. These people may be doctors, nurses, dentists, mental health professionals or other health care providers; Health Services receptionists, record-keepers, or other administrative staff; or Health Services supervisors or managers.

The following is a list of ways information may be used or disclosed:

1. We may share with the Center Director information about your physical and mental health, including any diagnosis and any recommended accommodations or modifications. This information may be shared only if it has an effect on the operation of the Center or any of its staff, or any other Job Corps student, and only if the Center Director would need to know the information for purposes of managing such an effect appropriately. The types of information may include information about the following conditions, among others: contagious diseases, including sexually transmitted diseases; positive illegal drug or alcohol screens; pregnancy; suicidal or homicidal thoughts or other life-threatening situations; and disability. The Center Director, as the supervisor of all other Center personnel, also may be informed of any information that we share with other Center staff persons, to ensure appropriate use of the information, as described in this Authorization.

2. We may share with Academic, Vocational, and Career Counseling staff information about certain health conditions. We may share information about a present health condition that may be aggravated by the activities being supervised or conducted by Academic and Vocational staff persons or that could cause harm to yourself or another student, for the purpose of avoiding such health aggravation or harm. In addition, if you make a request for an accommodation or a modification in your academic or vocational training, we may share that request and the minimum health information necessary to support that request, with members of the Academic and Vocational staff, for the purpose of fulfilling your request. To the extent that present health restrictions in the academic or vocational programs, or your requests for accommodation or modification, could affect your overall vocational or academic plan or goals, or could discourage you from pursuing your existing plans or goals, we may share this limited health information with members of the Career Counseling staff, for the purpose of encouraging you to select, remain in, or return to programs you are able to complete. Career Counseling staff, however, will not use this limited health information to "steer" students into stereotypical programs based on their health conditions.

3. We may share with Career Transition staff information about certain health conditions, as described below. This information may be shared when you are absent from or on leave from Job Corps, or have been separated from Job Corps, for purposes of assisting you in meeting your own health needs away from the Job Corps Center and ultimately assisting you in obtaining career opportunities outside of the Job Corps program. Information we may share includes the following: mental health information (excluding psychotherapy notes), including information about medications that may alter mental functioning; information about pregnancies, diseases (including HIV), medication management, and illegal drug use or alcohol abuse (including drug test results); information about accommodations or modifications you have requested, whether for a disability or for any other health condition; oral health information, including treatment plan and appointments; and any health information that may be responsible for a leave of absence from Job Corps or your separation from Job Corps. We may share this information for the purpose of helping you identify community health, housing, child care, support groups, affinity job clubs or social organizations, or other community resources that may assist you in staying healthy and obtaining and keeping employment. In addition, this information may be shared for the purpose of following up with you regarding your independent living needs as well as to encourage you to return to Job Corps, if possible.

4. We may share with Residential Living staff (including CDSs), Trainee Employee Assistance Program (TEAP) specialists, and Mental Health staff (including mental health consultants) information about certain health conditions, as described below. This information may be shared for purposes of assisting you in meeting your own health needs while on Center. Information we may share includes the following: mental health information (excluding psychotherapy notes), including information about medications that may alter mental functioning; information about pregnancies, diseases (including HIV), medication management, and illegal drug/alcohol use (including drug test results); information about accommodations or modifications you request, whether for a disability or for any other health condition; and oral health information, including treatment plan and appointments. We may share each piece of information only with particular staff members that need to know this information to assist you or to avoid an emergency.

5. We may share with Food Service staff information about your dietary needs, including information about allergies, weight management, diabetes management and other diet needs or recommendations. This information may be shared for purposes of avoiding medical emergencies and ensuring you are provided with appropriate food and nutrition. We will share this information only if you have a specific dietary need arising from or related to a health condition.

6. We may share with Residential Living staff information about medications, allergies, medical (including mental) conditions that may warrant emergency or other immediate care, accommodations or modifications requested, or infectious/contagious diseases. We may share this information for the following purposes: assisting you with your medication schedule or other health needs; protecting other students from infection or contagion; providing you with an appropriate environment for allergy control, including, if necessary, appropriate personal products; and ensuring that you receive requested accommodations or modifications in your living quarters for any disability. In addition, if you have a condition for which medication is prescribed for you, and you do not take that medication after you have been instructed to do so, and your uncontrolled condition may result in an unwarranted risk to yourself or others, we may share information about your condition and your failure to take your medication with disciplinary staff, including the Center Standards Officer.

7. We may share with Safety and Security staff information about illegal drug use or alcohol abuse (underage alcohol use or disruptive or other inappropriate consumption by legal drinkers), including positive drug or alcohol test results, information about any injury or illness you incur in the performance of your duties at Job Corps, and information about medical or mental health conditions only if such conditions may assist in explaining harmful or unusual behavior you display. We may share this information for the purpose of preventing further access by you or other students to illegal drugs, correcting or preventing environmental or other hazardous conditions that may cause injury or illness to you or other students, and managing harmful or unusual behavior (that may pose a threat to you or others) appropriately for your individual circumstance. In addition, we may share information about your allergies to foods, drugs, insect venom or other substances for the purpose of appropriately managing emergency situations that may arise due to an allergic reaction, as well as attempting to prevent such situations.

8. We may share with Recreational staff information about allergies, asthma, or other health conditions, to the extent that those conditions may contribute to a medical emergency while participating in certain recreational activities. In addition, we may share information about the results of any sports physical or other examination you may have been required to have in order to participate in certain recreational activities. We may share this information for purposes of helping to ensure your safety while participating in sports or other recreational activities, and to help ensure that activities you are asked or required to do are not dangerous for you.
9. We may share with a Trainee Employee Assistance Program (TEAP) specialist information about illegal drug use or alcohol abuse (underage alcohol use or disruptive or other inappropriate consumption by legal drinkers), including positive drug and alcohol test results, and information about medications you may be taking. We may share this information for purposes of assisting you in appropriate medication management and avoiding unhealthy drug dependencies.
10. We may share with Student Records and Data Management staff information about a health condition that causes you to be absent from or take leave from Job Corps, or that results in your medical separation from Job Corps. Medical information documenting the reasons for absences may be shared for purposes of accounting for your health-related absence from Job Corps, as well as to assist Center staff in evaluating your possible re-enrollment in Job Corps after a medical separation. Only the information necessary to accomplish these purposes may be shared.
11. We may transfer your medical records to the Student Records staff for the purpose of meeting Privacy Rule document retention requirements and for providing storage of your records until they are forwarded to the Department of Labor under Job Corps' records retention requirements.
12. We may share information about illegal use of drugs and alcohol abuse (underage alcohol use or disruptive or other inappropriate consumption by legal drinkers), including the results of any drug test. (Job Corps has a Zero Tolerance policy for illegal drug use and alcohol abuse. This means you may be expelled from Job Corps for illegal use of drugs, or for alcohol abuse.) This information may be shared with a wide variety of people, including other medical testing facilities, the Center Standards Officer and other disciplinary staff (including members of the Review Board who review proposed disciplinary action), law enforcement officers, probation officers, Center Safety and Security staff, the Center Group Life manager, members of the Academic and Vocational staffs, members of the Student Records and Data Management staff, Center and off-Center mental health, rehabilitation, or support group personnel, and employees of the U.S. Department of Labor and their contractors. We may share this information with any of the above individuals, for any of the following purposes: verifying that the results of a drug/alcohol test are accurate; enforcing the Zero Tolerance policy by determining whether you have used illegal drugs or abused alcohol and, if so, determining the appropriate consequence (including appeals of that consequence); referring you to Center or off-Center mental health professionals, counselors and/or addiction support groups; preventing further access by you or other students to illegal drugs or alcohol; assisting in compliance with local, state or federal law; assisting you in managing your social life, education and career without using illegal drugs or abusing alcohol; identifying illegal drug use or alcohol abuse trends among Job Corps students; and documenting illegal drug use and alcohol abuse in your student records to account for resulting consequences, as well as for purposes of determining your eligibility for re-enrollment in Job Corps.
13. We may share information with others if you request us to do so. We will ask you for a separate Authorization in that case.
14. We may share limited amounts of health information about you with Job Corps Center or Department of Labor personnel, or their contractors, for the purposes of resolving internal grievances or disputes, to the extent that the health information is a subject of the dispute.
15. Nothing in this Authorization authorizes us to share psychotherapy notes about you, except as allowed by federal law. Psychotherapy notes are notes made by a health care professional about the contents of a private counseling session or a group, joint, or family counseling session that are kept separate from your medical record. These notes do NOT include information about your medications, counseling session start and stop times, type and frequency of any treatment, clinical test results, and any summary of the following: diagnosis, ability to function, treatment plan, symptoms, prognosis (outlook), and your progress. (This information may be shared as provided in the Notice and this Authorization.) If we believe that we should share psychotherapy notes for a purpose that requires your authorization, we will ask you to sign an authorization for that particular circumstance. Refusal to give us an authorization to share psychotherapy notes about you will not affect your eligibility to continue in Job Corps.
16. Nothing in this Authorization authorizes us to share your health information for other purposes. For instance, this Authorization does not permit us to share your health information for purposes of determining your selection for Job Corps, your enrollment at any particular Job Corps Center, your career choices (unless you require reasonable accommodations to perform the essential functions of a job), or any other purpose not set forth in this Authorization. However, other law or policies may govern these purposes. Again, we will share only the minimum amount of information necessary to accomplish the purposes described.

Other Routine Uses

- In addition to the above uses and disclosures of your medical information (and the uses and disclosures listed in the Notice you have received or will receive), we may disclose any and all medical information about you under the following circumstances:
- we may share information with State and Federal law enforcement agencies or other government investigators to assist them in locating you or your family;
 - if you are a minor, we may share information with your parent(s) or guardian(s), if not prohibited by law;
 - we may share information with social service agencies in cases of a student's termination in order to provide services such as Medicaid.

AUTHORIZATION

I, _____, have received a copy of this Authorization. I have read this Authorization and I understand that it explains circumstances in which I permit my health information to be used and shared with others. I authorize the uses and disclosures described in this Authorization.

SIGNATURE

DATE

AUTHORIZATION BY PARENT OR GUARDIAN (IF A MINOR)

I, _____, am a parent or guardian of the individual named above. I have received a copy of this Authorization. I have read this Authorization and I understand that it explains circumstances in which I permit my child's (or charge's) health information to be used and shared with others. I authorize the uses and disclosures described in this Authorization.

SIGNATURE

DATE